| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | <u> </u> | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1: | Identify Yourself | | |
|------------------------------|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| You | r full name | | |
| | | Henry | |
| | | First name | First name |
| exan | xample, your driver's | Ernest | |
| licen | se or passpoπ). | Middle name | Middle name |
| Bring | your picture | Krueger, Jr. | |
| | | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| | | | |
| | | | |
| your num Indiv Iden | Social Security ber or federal vidual Taxpayer tification number | xxx-xx-7219 | |
| | Your Write your picture exan licen Bring ident meer and the waste of t | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | About Debtor 1: Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Krueger, Jr. Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number Xxx-xx-7219 |

| 7 | | |
|---|--|--|
| I have not used any business name or EINs. Business name(s) | | |
| f Debtor 2 lives at a different address: | | |
| Jumber, Street, City, State & ZIP Code | | |
| | | |
| County | | |
| f Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this nailing address. | | |
| Jumber, P.O. Box, Street, City, State & ZIP Code | | |
| Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| Bu B | | |

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

Number, Street, City, State & Zip Code

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Case n | umber | (if known) |
|--------|-------|------------|
|--------|-------|------------|

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Cassandra L. Leo | Date | September 14, 2021 |
|--|---------------|----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| 0 | | |
| Cassandra L. Leo | | |
| Printed name | | |
| Leo Law | | |
| Firm name | | |
| 803 W. Big Beaver Rd., | | |
| Ste. 203 | | |
| Troy, MI 48084 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (586) 327-6881 | Email address | CLeo@LeoLawFirms.com |
| | | |
| Rar number & State | | |

| | | | | 9/14/21 2:47PM |
|----------|--|---------------------------------|---------------------|-----------------------------|
| Fill | Il in this information to identify your case: | | | |
| Deb | Henry Ernest Krueger, Jr. First Name Middle Name Last Name | | | |
| | ebtor 2 ouse if, filing) First Name Middle Name Last Name | | | |
| `` | nited States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | | |
| | | | | |
| 1 | ase number | | ☐ Check | if this is an |
| | | | amend | led filing |
| ~ | W. I. I. T | | | |
| | fficial Form 106Sum | 4:! f 4: | _ | |
| | Immary of Your Assets and Liabilities and Certain Statis as complete and accurate as possible. If two married people are filing together, both | | | 2/15 g correct |
| infor | ormation. Fill out all of your schedules first; then complete the information on this fo ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of th | rm. If you are filing amende | | |
| | | is paye. | | |
| Pan | art 1: Summarize Your Assets | | | |
| | | | Your as Value of | sets f what you own |
| 1. | | | • | 25 000 00 |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 35,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 18,680.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 53,680.00 |
| Part | art 2: Summarize Your Liabilities | | | |
| | | | Your lia | ibilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page | e of Part 1 of Schedule D | \$ | 76,412.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedu | le E/F | \$ | 717.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Sche | edule E/F | \$ | 31,042.82 |
| | | Your total liabilities | \$ | 108,171.82 |
| Part | art 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 4,632.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 3,877.00 |
| Part | art 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit | this form to the court with you | ur other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by the purpose of the state of th | | a personal, | family, or |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|--|------------|--------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 717.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 717.00 |

| Debtor 2 (Spouse, if filing) Fir | | your case and th | io filino | | | |
|--|--------------------|-----------------------|-----------|---|---|--|
| Debtor 2 Spouse, if filing) Fir | enry Ernest | | ns ming | j: | | |
| Debtor 2 Spouse, if filing) Fire | | Krueger, Jr. | | | | |
| Spouse, if filing) Fire | st Name | Middle | e Name | Last Name | | |
| Inited States Bankrun | st Name | Middle | e Name | Last Name | | |
| | tcy Court for t | the: EASTERN | DISTRI | CT OF MICHIGAN | | |
| | • | | | | | _ |
| ase number | | | | | | ☐ Check if this is amended filing |
| | | | | | | amenaea ming |
| Official Form | 106 A /D | | | | | |
| Official Form | - | | | | | |
| Schedule A | VB: Pr | operty | | | | 12/15 |
| Do you own or have a □ No. Go to Part 2. ■ Yes. Where is the p | | iitable interest in a | | ence, building, land, or similar property? is the property? Check all that apply | | |
| 1849 Mango S | t. | | | Single-family home | Do not deduct secured c | laims or exemptions. Put |
| Street address, if availa | ble, or other desc | ription | | Duplex or multi-unit building | | ed claims on Schedule D: ims Secured by Property. |
| | | | | Condominium or cooperative | | .,, |
| | | | | Manufactured or mobile home | | |
| | FL | 32905-0000 | П | Land | Current value of the entire property? | Current value of the portion you own? |
| Palm Bay | State | ZIP Code | | Investment property | \$70,000.00 | \$35,000.0 |
| Palm Bay City | | | | Timeshare | | 1 1 |
| | | | | | Describe the nature of | |
| | | | | Other | (such as fee simple, ter | your ownership interest |
| | | | | has an interest in the property? Check one | (such as fee simple, ter a life estate), if known. | your ownership interest |
| | | | □ Who | has an interest in the property? Check one Debtor 1 only | (such as fee simple, ter | your ownership interest |
| City | | | | has an interest in the property? Check one Debtor 1 only Debtor 2 only | (such as fee simple, ter a life estate), if known. Fee simple | your ownership interest nancy by the entireties, |
| City Brevard | | | Who | has an interest in the property? Check one Debtor 1 only | (such as fee simple, ter a life estate), if known. | your ownership interest nancy by the entireties, |
| City Brevard | | | Who | has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | (such as fee simple, ter a life estate), if known. Fee simple Check if this is cor (see instructions) | your ownership interest nancy by the entireties, |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debte | or 1 <u>H</u> | enry Ernest Krueger, Jr. | | Case number (if known) | |
|--------------|---------------|--|---|--------------------------------------|--|
| 3. Ca | rs, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | M- | | • | | |
| _ | | | | | |
| | Yes | | | | |
| 3.1 | Make: | Pontiac | Who has an interest in the property? Check one | Do not deduct sec | ured claims or exemptions. Put |
| 5.1 | Model: | GT | Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2008 | Debtor 2 only | | , , , |
| | Approxin | nate mileage: 110,000 | Debtor 1 and Debtor 2 only | Current value of entire property? | the Current value of the portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | based on NADA | - | \$2,625 | 5.00 \$2,625.00 |
| | | ion: Fair on: 11570 Fordline, Apt | ☐ Check if this is community property (see instructions) | Ψ2,020 | φ2,023.00 |
| | | llen Park MI 48195 | , | | |
| | , | <u>'</u> | | | |
| 3.2 | Make: | Ford | Who has an interest in the property? Check one | | ured claims or exemptions. Put |
| | Model: | Mustang | ■ Debtor 1 only | | secured claims on Schedule D: ve Claims Secured by Property. |
| | Year: | 2014 | Debtor 2 only | Current value of | the Current value of the |
| | Approxin | nate mileage: 65000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | formation: | \square At least one of the debtors and another | | |
| | | based on NADA | | \$13,925 | 5.00 \$13,925.00 |
| | | ion: Fair lango Street, Palm Bay, | ☐ Check if this is community property (see instructions) | <u> </u> | — |
| | Florida | | | | |
| | Yes | | | | |
| | | | n for all of your entries from Part 2, including that number here | | \$16,550.00 |
| | | | | | |
| | | be Your Personal and Household Ite | | | |
| ро у | ou own c | or have any legal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | amples: | goods and furnishings Major appliances, furniture, linens | , china, kitchenware | | |
| | No Vac Da | scribe | | | |
| | Yes. De | SCIIDE | | | |
| | | Assorted house | ehold goods and furnishings | | |
| | | | Fordline, Apt 102, Allen Park MI 48195 | | \$600.00 |
| Ex | No | | eo, stereo, and digital equipment; computers, pr edia players, games | rinters, scanners; music c | ollections; electronic devices |
| | 0 | | | | |
| | | Assorted used | electronics Fordline, Apt 102, Allen Park MI 48195 | | \$450.00 |

| Debtor 1 | Henry Ernest Krueger, Jr. | Case number (if known) | |
|--------------------------|---|---|--|
| | tibles of value ples: Antiques and figurines; paintings, prints, or other artwork; books, other collections, memorabilia, collectibles | pictures, or other art objects; stamp, coin, | or baseball card collections; |
| ■ No □ Yes | s. Describe | | |
| Examp | ment for sports and hobbies ples: Sports, photographic, exercise, and other hobby equipment; bicy musical instruments | cles, pool tables, golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| 10. Firear | rms mples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | s. Describe | | |
| □ No | nes mples: Everyday clothes, furs, leather coats, designer wear, shoes, acc | cessories | |
| _ 103 | Assorted used clothing Location: 11570 Fordline, Apt 102, Allen | Park MI 48195 | \$120.00 |
| □ No | elry nples: Everyday jewelry, costume jewelry, engagement rings, wedding s. Describe | ı rings, heirloom jewelry, watches, gems, go | old, silver |
| | Assorted used watches Location: 11570 Fordline St., Apt 102, All | en Park MI 48195 | <u>\$10.00</u> |
| Exan □ No - | farm animals mples: Dogs, cats, birds, horses s. Describe | | |
| | Two pet cats Location: 11570 Fordline, Apt 102, Allen | Park MI 48195 | \$0.00 |
| 14. Any o □ No | other personal and household items you did not already list, inclu | iding any health aids you did not list | |
| ■ Yes | s. Give specific information | | |
| | Perscriptions glasses Location: 11570 Fordline St., Apt 102, All | en Park MI 48195 | \$50.00 |
| | I the dollar value of all of your entries from Part 3, including any e Part 3. Write that number here | | \$1,230.00 |
| Part 4: D | Describe Your Financial Assets | | |
| Do you o | own or have any legal or equitable interest in any of the following | ? | Current value of the portion you own? Do not deduct secured claims or exemptions. |

| Debtor 1 | Henry Ernest Krue | eger, Jr. | Case number (if known) | |
|---------------------|--|------------------------------|---|----------------|
| _ | mples: Money you have in | your wallet, in your ho | ome, in a safe deposit box, and on hand when you file your petition | |
| □ No | | | | |
| ■ Ye | S | | | |
| | | | Cash on hand | |
| | | | at time of | |
| | | | filing Cash | |
| | | | Location: | |
| | | | 11570 | |
| | | | Fordline, Apt | |
| | | | 102, Allen | ¢E 00 |
| | | | Park MI 48195 | \$5.00 |
| Exa _l | institutions. If you h | | ounts; certificates of deposit; shares in credit unions, brokerage houses, and oth s with the same institution, list each. | er similar |
| □ No ■ Ye | s | | Institution name: | |
| | | | Downriver Federal Credit Union | |
| | 17.1 | . Checking | Value is the balance at time of filing | \$150.00 |
| | | | Downsiyes Federal Credit Union | |
| | 17.2 | 2. Savings | Downriver Federal Credit Union Value is the balance at time of filing | \$5.00 |
| | | | | |
| | • | | okerage firms, money market accounts | |
| ☐ Ye | S | Institution or issuer | name: | |
| | venture | d interests in incorp | orated and unincorporated businesses, including an interest in an LLC, pa | rtnership, and |
| | s. Give specific information | on about themlame of entity: | % of ownership: | |
| 20 Cave | | • | stickle and non negatickle instruments | |
| Neg Non | otiable instruments include negotiable instruments ar | e personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| ■ No | | 1 44 | | |
| ⊔ Ye | s. Give specific informatio | n about them ssuer name: | | |
| | • | | 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| ■ Ye | s. List each account sepai | | Latter to a second | |
| | Тур | e of account: | Institution name: | |
| | Per | nsion | United States Steel Workers Pension \$1,546 per month for the remainder of his life | Unknown |
| | Per | nsion | PBGC | |
| | . 0. | - · | \$513.00 for the remainder of Debtor's life | Unknown |
| Youi <i>Exai</i> | mples: Agreements with la | sits you have made so | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others | |
| □ No | | | Institution name or individual: | |
| | S | | | na~~ 4 |
| onicial Fo | orm 106A/B | | Schedule A/B: Property | page 4 |

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Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insruance Policy through Steel Workers

No cash surrender value

Andrew Krueger and Henry Krueger III

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

| Debtor 1 | Henry Ernest Krueger, | Tr. Case number (if known) | |
|----------------------------|--|---|----------------|
| ☐ Yes. | Give specific information | | |
| Exam _i □ No | | er or not you have filed a lawsuit or made a demand for payment sputes, insurance claims, or rights to sue | |
| | | Asbestosis cause of action Claim has been fully paid out. \$19,000 was received in 2015 and \$1,300 received in 2019 Debtor does not believe there will be any other payputs for this claim | \$0.00 |
| ■ No | | claims of every nature, including counterclaims of the debtor and rights to | set off claims |
| | Describe each claim | | |
| 35. Any fii ■ No | nancial assets you did not all | eady list | |
| | Give specific information | | |
| | | entries from Part 4, including any entries for pages you have attached | \$900.00 |
| Part 5: De | escribe Any Business-Related Pro | perty You Own or Have an Interest In. List any real estate in Part 1. | |
| - | | le interest in any business-related property? | |
| No. G | o to Part 6. | | |
| ☐ Yes. (| Go to line 38. | | |
| | escribe Any Farm- and Commerci you own or have an interest in farml | al Fishing-Related Property You Own or Have an Interest In. and, list it in Part 1. | |
| _ | u own or have any legal or eq . Go to Part 7. | uitable interest in any farm- or commercial fishing-related property? | |
| ☐ Yes | s. Go to line 47. | | |
| Part 7: | Describe All Property You Own | n or Have an Interest in That You Did Not List Above | |
| | u have other property of any ples: Season tickets, country cl | | |
| | Give specific information | | |
| 54. Add | the dollar value of all of your | entries from Part 7. Write that number here | \$0.00 |
| | | | |

Debtor 1 Henry Ernest Krueger, Jr.

Case number (if known)

| 55. | Part 1: Total real estate, line 2 | | | \$35,000.00 |
|-----|--|-------------|------------------------------|-------------|
| 56. | Part 2: Total vehicles, line 5 | \$16,550.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,230.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$900.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$18,680.00 | Copy personal property total | \$18,680.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$53,680.00 |

| ebtor 1 | Henry Ernest Kru | eger, Jr. | | |
|--------------------|--------------------------|--------------------|------------|------------------------------------|
| | First Name | Middle Name | Last Name | |
| ebtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| case number [| | | | Check if this is an amended filing |

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming | | | | | | | | |
|----|---|--|--|---|-----------------------|--|--|--|--|
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
| | ■ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | | | |
| | 1849 Mango St. Palm Bay, FL 32905 Brevard County | \$35,000.00 | | \$6,191.50 | 11 U.S.C. § 522(d)(5) | | | | |
| | Manufactured Home 50% interest with ex-spouse Property needs a new roof, duct work, new flooring, and a new air conditioning unit Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2014 Ford Mustang 65000 miles Value based on NADA | \$13,925.00 | | \$1,028.00 | 11 U.S.C. § 522(d)(5) | | | | |
| | Condition: Fair 1849 Mango Street, Palm Bay, Florida Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Assorted household goods and furnishings | \$600.00 | | \$600.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Location: 11570 Fordline, Apt 102, Allen Park MI 48195 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Assorted used electronics Location: 11570 Fordline, Apt 102, | \$450.00 | | \$450.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Allen Park MI 48195 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| Debtor 1 Henry Ernest Krueger, Jr. | | | Case number (if known) | |
|--|--|---|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from | | ount of the exemption you claim | Specific laws that allow exemption |
| Assorted used clothing | Schedule A/B \$120.00 | | \$120.00 | 11 U.S.C. § 522(d)(3) |
| Location: 11570 Fordline, Apt 102, Allen Park MI 48195 Line from Schedule A/B: 11.1 | | _ | 100% of fair market value, up to any applicable statutory limit | |
| Assorted used watches | \$10.00 | | \$10.00 | 11 U.S.C. § 522(d)(4) |
| Location: 11570 Fordline St., Apt 102 Allen Park MI 48195 Line from <i>Schedule A/B</i> : 12.1 | , | | 100% of fair market value, up to any applicable statutory limit | |
| Two pet cats Location: 11570 Fordline, Apt 102, | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(3) |
| Allen Park MI 48195 Line from Schedule A/B: 13.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Perscriptions glasses Location: 11570 Fordline St., Apt 102 | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(9) |
| Allen Park MI 48195 Line from Schedule A/B: 14.1 | , | | 100% of fair market value, up to any applicable statutory limit | |
| Cash on hand at time of filing Cash Location: 11570 Fordline, Apt 102, | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| Allen Park MI 48195 Line from Schedule A/B: 16.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Downriver Federal Credit Union | \$150.00 | | \$0.00 | 11 U.S.C. § 522(d)(5) |
| Value is the balance at time of filing Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings: Downriver Federal Credit Union | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| Value is the balance at time of filing Line from <i>Schedule A/B</i> : 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension: United States Steel Workers Pension | Unknown | | \$0.00 | 11 U.S.C. § 522(d)(10)(E) |
| \$1,546 per month for the remainder of his life Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension: PBGC \$513.00 for the remainder of Debtor's | Unknown | | \$0.00 | 11 U.S.C. § 522(d)(10)(E) |
| life Line from Schedule A/B: 21.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Rental deposit: Security Deposit with Landlord | \$740.00 | | \$740.00 | 11 U.S.C. § 522(d)(5) |
| Line from Schedule A/B: 22.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Term Life Insruance Policy through Steel Workers | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| No cash surrender value Beneficiary: Andrew Krueger and Henry Krueger III Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| De | btor 1 | Henry Ernest Krueger, Jr. | | Case number (if known) | | | |
|----|-----------------------------|---|--|------------------------|---|------------------------------------|--|
| | | f description of the property and line on edule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption | |
| | | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| | | pestosis cause of action | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(11)(D) | |
| | \$19 \$1,3 Dek any | im has been fully paid out. 9,000 was received in 2015 and 300 received in 2019 otor does not believe there will be other payputs for this claim of from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | | you claiming a homestead exemption object to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covere | years after that for ca | ses fi | ŕ | , | |
| | | □ No | | | | | |

☐ Yes

| | | | | | | | 9/14/21 2:47PM |
|------------|------------------------------------|--------------------------|---|---------------|--|--|--------------------------|
| Fill | in this inform | ation to identify you | ır case: | | | | |
| Det | otor 1 | Henry Ernest K | ruogor Ir | | | | |
| Der | noi i | First Name | | ast Name | | | |
| Deb | otor 2 | | | | | | |
| (Spo | use if, filing) | First Name | Middle Name La | ast Name | | | |
| Uni | ted States Ban | kruptcy Court for the: | EASTERN DISTRICT OF MICHIG | AN | | | |
| Cas | se number | | | | | | |
| | own) | | | | | ☐ Check | if this is an |
| | | | | | | ameno | led filing |
| ∩ff | icial Form | 106D | | | | | |
| | | - | | | | | |
| Sc | hedule l | D: Creditors | Who Have Claims Se | ecured | by Property | <u>y </u> | 12/15 |
| is ne | | | If two married people are filing together, I out, number the entries, and attach it to tl | | | | |
| 1. Do | any creditors h | nave claims secured by | y your property? | | | | |
| | ☐ No. Check | this box and submit t | his form to the court with your other sch | nedules. Yo | u have nothing else t | o report on this form. | |
| | ■ Yes. Fill in a | all of the information | below. | | | | |
| Par | t 1: List All | Secured Claims | | | | | |
| | | | more than one secured claim, list the credito | r separately | Column A | Column B | Column C |
| for e | each claim. If mo | re than one creditor has | s a particular claim, list the other creditors in cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Downriver | Cmty Fed Cr | Describe the property that secures the | claim: | \$3,559.00 | \$2,625.00 | \$934.00 |
| | Creditor's Name | | 2008 Pontiac GT 110,000 miles | _ | | | |
| | | | Value based on NADA | | | | |
| | | | Condition: Fair Location: 11570 Fordline, Apt 1 | 102 | | | |
| | | | Allen Park MI 48195 | 102, | | | |
| | 4320 West | Jefferson Ave | As of the date you file, the claim is: Che | ck all that | | | |
| | Ecorse, MI | | apply. Contingent | | | | |
| | Number, Street, 0 | City, State & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | o owes the deb | ot? Check one. | Nature of lien. Check all that apply. | | | | |
| = [| Debtor 1 only | | An agreement you made (such as more | tgage or secu | ıred | | |
| | Debtor 2 only | | car loan) | | | | |
| | Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, mechan | nic's lien) | | | |
| | At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| _ | Check if this cla community deb | | Other (including a right to offset) | ross Colla | teralized Loan | | |
| | | Opened | | | | | |

Last 4 digits of account number

8121

Active

Date debt was incurred 7/01/21

| Debtor 1 Henry Ernest Krueger, Jr. | | Case number (if known) | | | |
|---|---|----------------------------|-------------|------------|--|
| First Name Middle N | | , , | | | |
| 2.2 Downriver Cmty Fed Cr | Describe the property that secures the claim: | \$2,339.00 | \$150.00 | \$2,189.00 | |
| Creditor's Name | Checking: Downriver Federal Credi Union | t | | | |
| | Value is the balance at time of filing | | | | |
| 4320 West Jefferson Ave Ecorse, MI 48229 | As of the date you file, the claim is: Check all the apply. Contingent | at | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage | or secured | | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Cross | Collateralized Line of Cre | edit | | |
| Opened 10/18 Last Active | 81 | 22 | | | |
| Date debt was incurred 8/01/19 | Last 4 digits of account number 81 | <u></u> | | | |
| 2.3 PNC Bank | Describe the property that secures the claim: | \$12,897.00 | \$13,925.00 | \$0.00 | |
| Creditor's Name | 2014 Ford Mustang 65000 miles | | | | |
| | Value based on NADA | | | | |
| | Condition: Fair | | | | |
| Attn: Bankruptcy | 1849 Mango Street, Palm Bay, Florida | | | | |
| PO Box 04982 | As of the date you file, the claim is: Check all the | l at | | | |
| ms:br:b58-01-5 Cleveland, OH 44101 | apply. | | | | |
| <u> </u> | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage | or secured | | | |
| Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | n) | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Auto L | oan | | | |
| Opened | | | | | |
| Date debt was incurred 12/2017 | Last 4 digits of account number 99 | 35 | | | |

| Debtor 1 Henry Er | nest Krueger, | Jr. | C | ase number (if known) | | |
|--|------------------------------------|---|--------------------------|--------------------------|-------------|--------|
| First Name | Middle N | lame Last Name | | | | |
| Rushmore Lo | oan Mgmt | Describe the property that secure | s the claim: | \$57,617.00 | \$70,000.00 | \$0.00 |
| Attn: Bankru Po Box 55004 Irvine, CA 920 | 4 | 1849 Mango St. Palm Bay, Brevard County Manufactured Home 50% interest with ex-spous Property needs a new roof work, new flooring, and a conditioning unit As of the date you file, the claim is apply. ☐ Contingent | se i, duct new air | | | |
| Number, Street, City, | , State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? | Check one. | ☐ Disputed Nature of lien. Check all that apply | <i>ı</i> . | | | |
| ■ Debtor 1 only □ Debtor 2 only | | ☐ An agreement you made (such a car loan) | s mortgage or secu | ured | | |
| ☐ Debtor 1 and Debtor ☐ At least one of the de | = | ☐ Statutory lien (such as tax lien, m☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim community debt | | Other (including a right to offset) | First Mortga | age | | |
| Date debt was incurred | Opened 2/25/16 Last Active 6/17/21 | Last 4 digits of account nu | mber 1157 | | | |
| | e of your form, add | Column A on this page. Write that nu the dollar value totals from all page | | \$76,412.0 \$76,412.0 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | | | | | 9/14/21 2:47PN |
|--|---|---|---|---------------------------|--|--|----------------------------------|
| Fill in this inforr | nation to identify your ca | ise: | | | | 1 | |
| Debtor 1 | Henry Ernest Krue | - | | | | | |
| Debtor 2 | First Name | Middle Name | Last Nan | e | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Nam | e | | | |
| United States Ba | nkruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN | | | | |
| ormod Glaloo Ba | - | 2,012111 2,0111101 | | | | | |
| Case number _ | | | | | | □ Chaol | if this is on |
| (ii kilowii) | | | | | | _ | if this is an led filing |
| | | | | | | g | .oug |
| Official Forn | | | | | | | _ |
| | F.F. Creditors What accurate as possible. Use | | | | | | 12/15 |
| Schedule G: Execu Schedule D: Credit left. Attach the Cor name and case nur | rracts or unexpired leases the tory Contracts and Unexpirors Who Have Claims Secuntinuation Page to this page nber (if known). Il of Your PRIORITY Uns | ed Leases (Official Form ed by Property. If more If you have no informa | n 106G). Do not incl space is needed, co | ude any cro py the Par | editors with partially s t you need, fill it out, | ecured claims that a number the entries i | are listed in n the boxes on the |
| | ors have priority unsecured | | | | | | |
| ☐ No. Go to F | | | | | | | |
| Yes. | | | | | | | |
| identify what ty possible, list th | r priority unsecured claims. pe of claim it is. If a claim has e claims in alphabetical order than one creditor holds a part | both priority and nonprion according to the creditor | rity amounts, list that 's name. If you have r | claim here a | and show both priority a | ind nonpriority amoun | ts. As much as |
| (For an explana | ation of each type of claim, se | e the instructions for this | form in the instruction | booklet.) | Total claim | Priority amount | Nonpriority amount |
| | f Michigan | Last 4 digits | s of account number | 7219 | \$717.00 | \$717.00 | \$0.00 |
| MICHIG TREAS PO Box | - | When was t | he debt incurred? | 2020 | | - | |
| | treet City State Zip Code | As of the da | te you file, the claim | is: Check | all that apply | | |
| _ | d the debt? Check one. | ☐ Continge | nt | | | | |
| Debtor 1 o | only | ☐ Unliquida | ited | | | | |
| Debtor 2 o | only | ☐ Disputed | | | | | |
| Debtor 1 a | and Debtor 2 only | | ORITY unsecured cl | aim: | | | |
| At least or | ne of the debtors and another | ☐ Domestic | support obligations | | | | |
| ☐ Check if t | his claim is for a communi | - | d certain other debts | =" | = | | |
| _ | subject to offset? | | or death or personal in | jury while y | ou were intoxicated | | |
| ■ No □ Yes | | ☐ Other. Sp | lncome Ta | v Dobt | | | - |
| Yes | | | income ra | ix Debt | | | |
| Part 2: List A | II of Your NONPRIORITY | Unsecured Claims | | | | | |
| 3. Do any credito | ors have nonpriority unsecu | red claims against you | ? | | | | |
| ☐ No. You ha | ve nothing to report in this par | t. Submit this form to the | court with your other | schedules. | | | |
| Yes. | | | | | | | |
| unsecured clair | r nonpriority unsecured clai m, list the creditor separately f or holds a particular claim, list | or each claim. For each | claim listed, identify w | hat type of | claim it is. Do not list cla | aims already included | in Part 1. If more |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Total claim

| Debto | or 1 Henry Ernest Krueger, Jr. | | Case number (if known) | | | | |
|-------|---|--|---|------------|--|--|--|
| 4.1 | Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 7951 | \$3,355.00 | | | |
| | Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899 | When was the debt incurred? | Opened 1/20/15 Last Active 9/12/18 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | 1 | | | | |
| 4.2 | Cap One | Last 4 digits of account number | 0147 | \$6,478.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 8/26/11 Last Active 9/07/12 | | | | |
| | Salt Lake City, UT 84130 | _ | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | |
| 4.3 | Community Focus Fcu | Last 4 digits of account number | 1125 | \$1,006.00 | | | |
| | Nonpriority Creditor's Name 18925 Telegraph Road | When was the debt incurred? | Opened 11/19 Last Active 12/31/19 | | | | |
| | Brownstown, MI 48174 | _ | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | | |
| | | | | | | | |
| | Yes | Other. Specify Unsecured | | | | | |

| Debto | Henry Ernest Krueger, Jr. | Case number (if known) | | | | |
|-------|--|--|--|------------|--|--|
| 4.4 | Dr. Harris , Birkhill, Wang Nonpriority Creditor's Name | Last 4 digits of account number | 3993 | \$16.00 | | |
| | PO Box 2802 Dearborn, MI 48123 | When was the debt incurred? | 09/2020 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Medical Bil | <u> </u> | | | |
| 4.5 | EGS Financial | Last 4 digits of account number | 7219 | \$2,210.00 | | |
| | Nonpriority Creditor's Name PO Box 1020 | When was the debt incurred? | 2020 | | | |
| | Dept 806 | | | | | |
| | Horsham, PA 19044 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | • | , | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | ☐ Yes | Other. Specify Collections | account | | | |
| 4.6 | ERC | Last 4 digits of account number | 5783 | \$789.00 | | |
| | Nonpriority Creditor's Name PO Box 23870 | When was the debt incurred? | 2020 | | | |
| | Jacksonville, FL 32241 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | , | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Collections | account | | | |
| | | | | | | |

| Debto | 1 Henry Ernest Krueger, Jr. | | Case number (if known) | |
|-------|---|--|---|------------|
| 4.7 | First Source Advantage II Nonpriority Creditor's Name | Last 4 digits of account number | 1631 | \$798.00 |
| | 205 Bryant Woods South Buffalo, NY 14228 | When was the debt incurred? | 2020 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collections | Account | |
| 4.8 | FMS Inc | Last 4 digits of account number | 1500 | \$2,504.00 |
| | Nonpriority Creditor's Name PO Box 707600 | When was the debt incurred? | 2020 | |
| | Tulsa, OK 74170 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collections | account | |
| 4.9 | Henry Ford Health System | Last 4 digits of account number | 2446 | \$588.00 |
| | Nonpriority Creditor's Name PO Box 553920 | When was the debt incurred? | 10/2020 | |
| | Detroit, MI 48255 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | _ | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | u Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical Bil | | |
| | □ 165 | Other. Specify | <u> </u> | |

| Henry Ernest Krueger, Jr. | | Case number (if known) | |
|--|---|--|------------|
| Henry Ford Health System | Last 4 digits of account number | 2446 | \$70.00 |
| Nonpriority Creditor's Name PO Box 553920 | When was the debt incurred? | 06/2021 | |
| Detroit, MI 48255 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | no or the date you me, the claim. | o. Oncok all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify Medical Bil | | |
| Hnery Ford Health System | Last 4 digits of account number | 2446 | \$114.82 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ117.02 |
| PO Box 553920 | When was the debt incurred? | 07/2021 | |
| Detroit, MI 48255 Number Street City State Zip Code | | in Charle all that are by | |
| Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| ■ Debtor 1 only | O continuent | | |
| | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | a Claim. | |
| ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Medical Bil | | |
| Lincoln Automotive Fin | Last 4 digits of account number | 2550 | \$9,700.00 |
| Nonpriority Creditor's Name | | | . , |
| Attn: Bankrutcy | | Opened 12/17 Last Active | |
| Po Box 54200 Omaha, NE 68154 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | ☐ Debts to pension or profit-sharin | | |
| □Yes | ■ Other. Specify Auto Loan | Deficency | |

| Debto | Henry Ernest Krueger, Jr. | Case r | number (if known) | |
|----------|---|---|---------------------------------------|----------|
| 4.1 | Lowes | Last 4 digits of account number 047 | 3 | \$706.00 |
| | Nonpriority Creditor's Name PO Box 530914 | When was the debt incurred? 02/0 | 93 | |
| | Atlanta, GA 30353 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Chec | ck all that apply | |
| | _ | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim ☐ Student loans | • | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation a | agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing plans | , and other similar debts | |
| | Yes | ■ Other. Specify Charge account | | |
| 4.1 4 | Med Share Inc | Last 4 digits of account number 027 | 7 | \$185.00 |
| | Nonpriority Creditor's Name 26222 Telegraph | When was the debt incurred? 04/2 | 2020 | |
| | Suite 100 Southfield, MI 48033 | _ | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Chec | ck all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim | : | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation a report as priority claims | agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing plans | , and other similar debts | |
| | Yes | ■ Other. Specify Medical Bill | | |
| 4.1 | Metropolitan Anesthesia | | _ | |
| 5 | Consultation, PC | Last 4 digits of account number 1010 | <u> </u> | \$20.00 |
| | Nonpriority Creditor's Name PO Box 67000 Dept 165501 | When was the debt incurred? 10/2 | 2020 | |
| | Detroit, MI 48267 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Chec | ck all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim | : | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation a | greement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | g | |
| | ■ No | Debts to pension or profit-sharing plans | , and other similar debts | |
| | Yes | ■ Other. Specify Medical Bill | | |

Debtor 1 Henry Ernest Krueger, Jr. Case number (if known) 4.1 1854 \$2,503.00 Synchrony Bank Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 02/2017 Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Lending Tree** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

1415 Vantage Park Drive

Charlotte, NC 28203

Ste 700

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

■ Part 2: Creditors with Nonpriority Unsecured Claims

Total Claim

| nment 6b. | \$ 717.00 |
|----------------------|--|
| e intoxicated 6c. | \$ 0.00 |
| hat amount here. 6d. | \$ 0.00 |
| 6e. | \$ 717.00 |
| | Total Claim |
| 6f. | \$ |
| | |
| or divorce that 6g. | \$ 0.00 |
| er similar debts 6h. | \$ 0.00 |
| ite that amount 6i. | \$ 31,042.82 |
| 6j. | \$ 31,042.82 |
| : | e intoxicated 6c. hat amount here. 6d. 6e. 6f. or divorce that 6g. er similar debts 6h. ite that amount 6i. |

Last 4 digits of account number

Best Case Bankruptcy

| Fill in this inform | ation to identify your | case: | | |
|---------------------|------------------------|--------------------|------------|--------------------------------------|
| Debtor 1 | Henry Ernest Kru | eger, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ban | kruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | |
| Case number | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| Jamestown Village Apartments11400 Fordline RdAllen Park, MI 48101 | Residential Lease Agreement Month to Month Lease Agreement |

| | | | | | 9/14/21 2:47PM |
|--|---|--|--|--|---|
| Fill in this i | nformation to identify your | case: | | | |
| Debtor 1 | Henry Ernest Kru | logor Ir | | | |
| DODIO! ! | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN | | |
| Case number | 2r | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Ott: -; -1 | Farma 40011 | | | | |
| | Form 106H | | | | |
| Schedu | ule H: Your Cod | ebtors | | | 12/15 |
| ■ No □ Yes 2. Withi Arizona ■ No. C □ Yes. 3. In Coluin line 2 | , California, Idaho, Louisiana Go to line 3. Did your spouse, former spouse mn 1, list all of your codebte again as a codebtor only in 1000, Schedule E/F (Official | I lived in a community property in a community propert | operty state or territo erto Rico, Texas, Wash with you at the time? spouse as a codebto tor or cosigner. Make | ry? (Community property iington, and Wisconsin.) r if your spouse is filing sure you have listed th | y states and territories include g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| С | olumn 1: Your codebtor me, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 2.4 | | | | П од од од о | _ |
| 3.1 N | ame | | | | |
| | | | | ☐ Schedule G, line | |
| - NI | Ctroot | | | | <u> </u> |
| | umber Street ity | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | Cohodula D. lin | • |
| | ame | | | □ Schedule D, line □ Schedule E/F, li | |
| | | | | ☐ Schedule E/F, ii | |
| - KI | umber Street | | | | - <u> </u> |
| | ity Street | State | ZIP Code | | |
| | | | | | |

| Fill | in this information to identify your c | | | | | | | | | |
|-------------|--|----------------------------|---|--------------|-------|---------------|--------------------|-------------|----------------------------------|----------|
| Del | otor 1 Henry Ernes | st Krueger, Jr. | | | | | | | | |
| 1 | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF MICHIGAN | | _ | | | | | |
| | se number | | | | | Check | if this is: | | | |
| (If kr | nown) | | | | | | amende | • | a nootnotition | abantar |
| | | | | | | | | | g postpetition ollowing date: | |
| 0 | fficial Form 106I | | | | | MN | // DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t 1: Describe Employment | ır spouse is not filing wi | th you, do not inclu | ıde infori | mati | on about y | our spo | use. If mo | ore space is | needed, |
| 1. | Fill in your employment | | | | | | | | | |
| | information. | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ☐ Employed■ Not employed | | | | □ Emplo □ Not e | • | | |
| | employers. | Occupation | Retired | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed the | nere? | | | | _ | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to ı | report for | any | line, write S | \$0 in the | space. Inc | clude your no | n-filing |
| | u or your non-filing spouse have mees space, attach a separate sheet to | | embine the information | on for all e | emple | oyers for th | nat perso | n on the li | nes below. If | you need |
| | | | | | | For Debt | or 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | (| 0.00 | \$ | N/A | |

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

Combined monthly income

| | to this information | Cara ta Salan Char | | | | | | |
|-------|----------------------------|-----------------------------------|------------------|--|---|------------------|--|----------------------------------|
| | in this informa | tion to identify yo | our case: | | | | | |
| Deb | tor 1 | Henry Ernes | t Kruege | r, Jr. | | | if this is: | |
| Deb | tor 2 | | | | | _ | in amended filing i supplement shov | ving postpetition chapter |
| (Spc | ouse, if filing) | | | | | | | the following date: |
| Unite | ed States Bankı | ruptcy Court for the | : EASTE | RN DISTRICT OF MICHIG | SAN | N | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your | | | - Climan ta math and ha | | U | 12/1 |
| info | rmation. If m | | eded, atta | . If two married people ar ch another sheet to this n. | | | | |
| Part | 1: Descr | ribe Your House | ehold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | in a canar | oto haucahald? | | | | |
| | □ Yes. Doe | | ın a separ | ate household? | | | | |
| | | - | st file Offici | al Form 106J-2, Expenses | for Separate House | hold of Debto | or 2. | |
| • | | | _ | • | , | | | |
| 2. | • | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| 3. | Do your exp | oenses include | _ | No | | | | □ res |
| | expenses o | f people other t | han $_{\square}$ | Yes | | | | |
| | yourself and | d your depende | nts? | 100 | | | | |
| Part | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| Incl | ude expense | s paid for with | non-cash | government assistance i | f you know | | | |
| the | value of sucl | h assistance an | | cluded it on Schedule I: \ | | | Your expe | oneoe |
| (Ott | icial Form 10 |)6l.) | | | | | rour expe | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. \$ | | 825.00 |
| | | led in line 4: | o ground c | | | • | | |
| | | | | | | 4- ^ | | 0.00 |
| | | estate taxes erty, homeowner's | e or rentor | 's insurance | | 4a. \$ 4b. \$ | | 0.00 20.00 |
| | | • | | s insurance upkeep expenses | | 4р. ф 4с. \$ | | 50.00 |
| | | owner's associa | | | | 4d. \$ | | 0.00 |
| 5. | Additional r | nortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 | Henry Ernest Krueger, Jr. | Case num | nber (if known) | |
|---------------------|--|----------|-----------------|--------------------------|
| 11. | lition | | _ | |
| . Uti 6a. | lities: Electricity, heat, natural gas | 6a. | \$ | 100.00 |
| 6b. | | 6b. | · | |
| 6c. | ,, 3 | 6c. | | 0.00 |
| | | 6d. | · · | 115.00 |
| 6d. | | | · | 0.00 |
| | od and housekeeping supplies | 7. | · ———— | 550.00 |
| | ildcare and children's education costs | 8. | | 0.00 |
| | othing, laundry, and dry cleaning | 9. | * | 100.00 |
| | rsonal care products and services | 10. | · | 95.00 |
| | dical and dental expenses | 11. | \$ | 120.00 |
| | Insportation. Include gas, maintenance, bus or train fare. | 12. | ¢ | 300.00 |
| | not include car payments. | | · | |
| | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 57.00 |
| | aritable contributions and religious donations | 14. | \$ | 150.00 |
| | surance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | 45- | Φ. | 0.00 |
| | a. Life insurance | 15a. | · · | 0.00 |
| | b. Health insurance | 15b. | * | 250.00 |
| | c. Vehicle insurance | 15c. | · | 280.00 |
| | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | xes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | • | |
| | ecify: Prorated Taxes for Anticipated tax liability | 16. | \$ | 85.00 |
| | tallment or lease payments: | | • | |
| | a. Car payments for Vehicle 1 | 17a. | · | 0.00 |
| | c. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| 170 | c. Other. Specify: | 17c. | \$ | 0.00 |
| 170 | d. Other. Specify: | 17d. | \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not report as | | • | 0.00 |
| | ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | · | 0.00 |
| | ner payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | | |
| . Otl | ner real property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| | a. Mortgages on other property | 20a. | · | 0.00 |
| 20l | o. Real estate taxes | 20b. | · | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| 200 | d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20 | e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Otl | ner: Specify: Tobacco | 21. | +\$ | 80.00 |
| | t Supplies | | +\$ | 100.00 |
| | in Managment Medication Perscribed by Physician | | +\$ | 600.00 |
| | | | | |
| | Iculate your monthly expenses | | | |
| 228 | a. Add lines 4 through 21. | | \$ | 3,877.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 220 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,877.00 |
| | , , , | | | - / |
| | Iculate your monthly net income. | | | |
| | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 4,632.00 |
| 231 | c. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,877.00 |
| | | | | |
| 230 | c. Subtract your monthly expenses from your monthly income. | 225 | ¢ | 755.00 |
| | The result is your monthly net income. | 23c. | \$ | 1 33.00 |
| For | you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage? No. | | | or decrease because of a |
| | No. Fynlain here: | | | |
| 1 1 | A DE XIDIATO DELE. | | | |

| ili ili ulis ililo | rmation to identify your | | | |
|---|--|---|--|---|
| ebtor 1 | Henry Ernest Kru | <u> </u> | Loot Nome | |
| ebtor 2 | First Name | Middle Name | Last Name | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Inited States B | Bankruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN | |
| Case number | | | | |
| f known) | | | | ☐ Check if this is an amended filing |
| | | | Debtor's Scheonsible for supplying correct in | |
| two married pour must file the training mone | people are filing togethen | r, both are equally response between the conference of the connection with a bar | onsible for supplying correct in | |
| two married pour must file the potaining mone ears, or both. | people are filing together his form whenever you fi ey or property by fraud in | r, both are equally response between the conference of the connection with a bar | onsible for supplying correct in | formation. |
| two married pour must file the otaining mone ears, or both. | people are filing together nis form whenever you fi ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below | r, both are equally respondent le bankruptcy schedule n connection with a bar 519, and 3571. | onsible for supplying correct in | formation. ng a false statement, concealing property, or s up to \$250,000, or imprisonment for up to 20 |
| two married pour must file the otaining mone ears, or both. | people are filing together nis form whenever you fi ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below | r, both are equally respondent le bankruptcy schedule n connection with a bar 519, and 3571. | onsible for supplying correct in s or amended schedules. Makin kruptcy case can result in fines | formation. ng a false statement, concealing property, or s up to \$250,000, or imprisonment for up to 20 |
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| bu must file the training mone ears, or both. Did you p No Yes. Under pen that they a | people are filing together his form whenever you fi ey or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below hay or agree to pay some Name of person | r, both are equally response to bankruptcy schedulen connection with a bar 519, and 3571. one who is NOT an attothat I have read the sur | onsible for supplying correct in s or amended schedules. Makin kruptcy case can result in fines or the second seco | formation. ng a false statement, concealing property, or sup to \$250,000, or imprisonment for up to 20 ptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) this declaration and |
| bu must file the training mone ears, or both. Did you p No Yes. Under pen that they a X /s/ He Henry | people are filing together his form whenever you file y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 gn Below hay or agree to pay some Name of person halty of perjury, I declare are true and correct. | r, both are equally response to bankruptcy schedulen connection with a bar 519, and 3571. one who is NOT an attothat I have read the sur | onsible for supplying correct in s or amended schedules. Makin skruptcy case can result in fines orney to help you fill out bankru | formation. ng a false statement, concealing property, or sup to \$250,000, or imprisonment for up to 20 ptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) this declaration and |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this infor | mation to identify you | r case: | | | | |
|---------|------------------------------|--|--|---|--|---|--|
| Deb | tor 1 | Henry Ernest Kı | ueger, Jr. | | | | |
| Dob | tor 2 | First Name | Middle Name | Last Name | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | | |
| Unit | ed States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | | |
| Cas | e number | | | | | | |
| (if kno | own) | | | | | Check if this is an amended filing | |
| | | | | | | | |
| Off | ficial Fo | rm 107 | | | | | |
| Sta | atement | of Financial | Affairs for Individ | duals Filing for E | Bankruptcy | 4/19 | |
| infor | mation. If n ber (if know | nore space is needed n). Answer every que | ible. If two married people a , attach a separate sheet to stion. arital Status and Where You | this form. On the top of an | | | |
| | | ir current marital stati | | Lived Belole | | | |
| • | _ | | | | | | |
| | ☐ Married | | | | | | |
| | ■ Not ma | rried | | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | where you live now? | | | |
| | □ No | io Caracteristica de la caract | | | | | |
| | Yes. Lis | st all of the places you | lived in the last 3 years. Do no | ot include where you live now | N. | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there | |
| | 1849 Man Palm Bay | go St. , FL 32905 | From-To: October 2015 January 2019 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: | |
| | S and territor No □ Yes. M | ries include Arizona, Ca | ver live with a spouse or legalifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (Of | vada, New Mexico, Puerto R | | | |
| | ZXPIG | | | | | | |
| | Fill in the tot | al amount of income yo | mployment or from operating received from all jobs and a have income that you received. | all businesses, including par | t-time activities. | endar years? | |
| | ■ No □ Yes. Fi | ll in the details. | | | | | |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

Debtor 1

Henry Ernest Krueger, Jr.

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | |
|-----|--|---|----------------------------|-----------------|---|---|
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and va | alue of any prop | perty | Date payment or transfer was made | Amount of payment |
| 40 | | | | | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. | | | | | |
| | No Silving to the sil | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and va property transferre | | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details. | ey, did you transfer any action devices.) | property to a s | self-settled tr | ust or similar device o | f which you are a |
| | | | | | | |
| | Name of trust | Description and va | alue of the prop | erty transferr | ed | Date Transfer was made |
| Par | 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and Sto | orage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | |
| | | ast 4 digits of account number | Type of account instrument | clo mo | ate account was osed, sold, oved, or onsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 y | year before yo | ou filed for bankruptcy | /? |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St | | Describe the | contents | Do you still have it? |
| | | State and ZIP Code) | | | | |

| Par | 19: Identify Property You Hold or Control for | Someone Else | | | | | |
|---|--|---|---------|--------------------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | Where is the preparty? | Daa | aviha tha muanautu | Value | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | cribe the property | Value | | |
| Par | 10: Give Details About Environmental Inform | ation | | | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, v | whether you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or | | s was | te, hazardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they | occurred. | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liable | e unde | er or in violation of an environm | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site | Governmental unit | | Environmental law, if you | Date of notice | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State an ZIP Code) | | know it | Date of Hotice | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any env | ironm | nental law? Include settlements | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case | | |
| Par | 111: Give Details About Your Business or Cor | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of t | the following connections to an | y business? | | |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting of | r equity securities of a cornoration | | | | | |

| Den | nor remry Emest Krueger, Jr. | U | ase number (#known) |
|-----------------------|---|--|---|
| | | | |
| | No. None of the above applies. Go to | Part 12. | |
| | Yes. Check all that apply above and fil | II in the details below for each business. | |
| | Business Name | Describe the nature of the business | Employer Identification number |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security number or ITIN. |
| | | name of accountant of bookscope. | Dates business existed |
| | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | otcy, did you give a financial statement to a | anyone about your business? Include all financial |
| | ■ No | | |
| | ☐ Yes. Fill in the details below. | | |
| | Name Address | Date Issued | |
| | (Number, Street, City, State and ZIP Code) | | |
| Part | t 12: Sign Below | | |
| are t with 18 U | true and correct. I understand that making a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571. | a false statement, concealing property, or | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
| | Henry Ernest Krueger, Jr. nry Ernest Krueger, Jr. | Signature of Debtor 2 | |
| | nature of Debtor 1 | 5. 3 | |
| Date | e September 14, 2021 | Date | |
| Did y | you attach additional pages to Your Statem | ent of Financial Affairs for Individuals Fili | ing for Bankruptcy (Official Form 107)? |
| N | lo | | |
| □ Y | es | | |
| Did y | you pay or agree to pay someone who is no | ot an attorney to help you fill out bankrupt | cy forms? |
| N | | | |
| \sqcup Y | es. Name of Person . Attach the Bankro | uptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119). |

United States Bankruptcy Court Eastern District of Michigan

| In re | Henry | Ernest Krueger, Jr. | Debtor(s) | Case No. Chapter | 13 |
|----------|---------------------|--|--|---------------------|-------------------------------------|
| | | | | | |
| | | | ATTORNEY FOR DEBTOR(S) O F.R.BANKR.P. 2016(b) | | |
| | The und | ersigned, pursuant to F.R.Bankr.P. 2016(b), states to | that: | | |
| 1. | The und | ersigned is the attorney for the Debtor(s) in this case | se. | | |
| 2. | The con | npensation paid or agreed to be paid by the Debtor(| s) to the undersigned is: [Check o | ne] | |
| | [X] | FLAT FEE | | | |
| | A. | For legal services rendered in contemplation of a exclusive of the filing fee paid | | . 3 | 3,000.00 |
| | B. | Prior to filing this statement, received | | | 500.00 |
| | C. | The unpaid balance due and payable is | | 2 | 2,500.00 |
| | [] | RETAINER | | | |
| | A. | Amount of retainer received | | | |
| | B. | The undersigned shall bill against the retainer at agreed to pay all Court approved fees and expen | | | urly rate schedule.] Debtor(s) have |
| 3. 4. | | .00 of the filing fee has been paid. In for the above-disclosed fee, I have agreed to render | er legal service for all aspects of t | he bankrupt | cy case, including: [Cross out any |
| | that do 1 | not apply.] | | | |
| | A. | Analysis of the debtor's financial situation, and rebankruptcy; | endering advice to the debtor in de | etermining v | whether to file a petition in |
| | B. | Preparation and filing of any petition, schedules, | | | |
| | C. D. | Representation of the debtor at the meeting of cre- Representation of the debtor in adversary proceed | | | |
| | E. | Reaffirmations; | amgo and omer contested canning | ite y matters | , |
| | F. | Redemptions; | | | |
| | G. | Other: Negotiations with secured creditors to recreaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on house | s as needed; preparation and | | |
| 5. | By agre | ement with the debtor(s), the above-disclosed fee de Representation of the debtors in any disc actions or any other adversary proceeding | hargeability actions, judicial | | dances, relief from stay |
| 5. | The sou A. B. | rce of payments to the undersigned was from: XX | mpensation for services performed identity of payor) | d | |
| 5. | A. | rce of payments to the undersigned was from: XX Debtor(s)' earnings, wages, con | g. mpensation for services performed | | |

| 7. | The undersigned has not shared or agreed to share, with an corporation, any compensation paid or to be paid except as | by other person, other than with members of the undersigned's law firm or s follows: |
|---------|---|--|
| Dated: | September 14, 2021 | Attorney for the Debtor(s) Cassandra L. Leo Leo Law |
| | | 803 W. Big Beaver Rd., Ste. 203 Troy, MI 48084 (586) 327-6881 CLeo@LeoLawFirms.com |
| Agreed: | | _ |
| | Henry Ernest Krueger, Jr. Debtor | Debtor |

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| _ | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Henry Ernest Krueger, Jr. | | Case No. | |
|--------|---------------------------|-------------------------------|-------------------|-----------------------|
| | | Debtor(s) | Chapter | 13 |
| Γha ah | | FICATION OF CREDITOR N | | of his/har knowledge |
| | · | | freet to the best | of his/her knowledge. |
| Date: | September 14, 2021 | /s/ Henry Ernest Krueger, Jr. | | |
| | | Henry Ernest Krueger, Jr. | | |
| | | Signature of Debtor | | |

Barclays Bank Delaware Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899

Cap One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Community Focus Fcu 18925 Telegraph Road Brownstown, MI 48174

Downriver Cmty Fed Cr 4320 West Jefferson Ave Ecorse, MI 48229

Dr. Harris , Birkhill, Wang PO Box 2802 Dearborn, MI 48123

EGS Financial PO Box 1020 Dept 806 Horsham, PA 19044

ERC
PO Box 23870
Jacksonville, FL 32241

First Source Advantage II 205 Bryant Woods South Buffalo, NY 14228

FMS Inc PO Box 707600 Tulsa, OK 74170

Henry Ford Health System PO Box 553920 Detroit, MI 48255

Hnery Ford Health System PO Box 553920 Detroit, MI 48255

Jamestown Village Apartments 11400 Fordline Rd Allen Park, MI 48101

Lending Tree 1415 Vantage Park Drive Ste 700 Charlotte, NC 28203

Lincoln Automotive Fin Attn: Bankrutcy Po Box 54200 Omaha, NE 68154

Lowes PO Box 530914 Atlanta, GA 30353

Med Share Inc 26222 Telegraph Suite 100 Southfield, MI 48033

Metropolitan Anesthesia Consultation, PC PO Box 67000 Dept 165501 Detroit, MI 48267

PNC Bank Attn: Bankruptcy PO Box 04982 ms:br:b58-01-5 Cleveland, OH 44101

Rushmore Loan Mgmt Srvc Attn: Bankruptcy Po Box 55004 Irvine, CA 92619 State of Michigan MICHIGAN DEPARTMENT OF TREASURY PO Box 30774 Lansing, MI 48909

Synchrony Bank Attn: Bankruptcy Po Box 965060 Orlando, FL 32896